

Debtor 1

MICHAEL I AMBERT

First Name


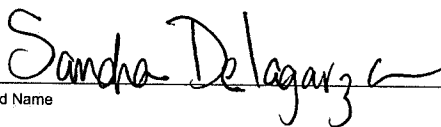
Middle Name

Last Name

Case number (if known) 25-50559

7. Are the income amounts on lines 6a and 6e different?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Explain why they are different and complete line 10.
8. Are the expense amounts on lines 6b and 6f different?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Explain why they are different and complete line 10.
9. Is the net monthly income in line 6h less than 0?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. A presumption of hardship arises (unless the creditor is a credit union). Explain how the debtor will make monthly payments on the reaffirmed debt and pay other living expenses. Complete line 10.
10. Debtor's certification about lines 7-9 I certify that each explanation on lines 7-9 is true and correct. If any answer on lines 7-9 is Yes, the debtor must sign here. If all the answers on lines 7-9 are No, go to line 11.	
11. Did an attorney represent the debtor in negotiating the reaffirmation agreement? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Has the attorney executed a declaration or an affidavit to support the reaffirmation agreement? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Part 2: Sign Here

Whoever fills out this form must sign here.	I certify that the attached agreement is a true and correct copy of the reaffirmation agreement between the parties identified on this <i>Cover Sheet for Reaffirmation Agreement</i> .	
<input checked="" type="checkbox"/>	 Signature	Date <u>6/3/2025</u> MM / DD / YYYY
	 Printed Name	
Check one: <input type="checkbox"/> Debtor or Debtor's Attorney <input checked="" type="checkbox"/> Creditor or Creditor's Attorney		

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